

GEORGIA COMPOSITE STATE BOARD OF MEDICAL EXAMINERS2 Peachtree Street, N.W., - 36th Floor

Atlanta Georgia 30303

(404) 656-3913 MAIN NUMBER; (404) 656-9723 (FAX)

Website address: www.medicalboard.georgia.govEmail address: medbd@dch.ga.gov**DUPLICATE IDENTIFICATION CARD ORDER FORM****INSTRUCTIONS:**

- ☐ **Type or print clearly.**
- ☐ **Complete all information requested.**
- ☐ **Attach check or money order for \$10.00 made payable to: CSBME**

CHECK CATEGORY:

- ☐ **Physicians (MD & DO)** ☐ **Clinical Perfusionist** ☐ **Physician's Assistant**
- ☐ **Acupuncturist** ☐ **Respiratory Care Professional** ☐ **Auricular Detox. Specialist**
- ☐ **Residency Training** ☐ **Orthotist** ☐ **Prosthetist**
- ☐ **Orthotist & Prosthetist**

LICENSE/CERTIFICATE NUMBER: _____ **DATE ISSUED:** _____

Type or print neatly

I hereby apply for Duplicate Identification Card and enclose the fee of \$10.00. The circumstances regarding the loss or destruction of my original identification card are as follows:

Type or Print Name (as you would like for it to appear)

Type or Print Address

City

State

Zip Code

Daytime Telephone Number

Email Address

Signature_____
Date